

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Agents for Attention Deficit Hyperactivity Disorder

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
REQUESTED MEDICATION			
<input type="checkbox"/> Methylphenidate (Foquest)* Dose: _____ (The maximum dose reimbursed is 100 mg daily.)	<input type="checkbox"/> Methylphenidate (Biphentin) and generic brands* Dose: _____ (The maximum dose reimbursed is 80 mg daily.)	<input type="checkbox"/> Lisdexamfetamine Dimesylate (Vyvanse) Dose: _____ (The maximum dose reimbursed is 60 mg daily.)	
METHYLPHENIDATE			
Methylphenidate*: 1.) <input type="checkbox"/> For the treatment of patients with attention deficit hyperactivity disorder who have tried other forms of extended-release methylphenidate with unsatisfactory results. <u>(Please provide details below)</u> 2.) <u>Medication trial:</u> <input type="checkbox"/> <u>Extended-release methylphenidate:</u> Please specify: _____ Outcome: _____ *Please refer to the Nova Scotia Formulary for a list of full-benefit methylphenidate products			
LISDEXAMFETAMINE DIMESYLATE			
Lisdexamfetamine Dimesylate: 1.) <input type="checkbox"/> For treatment of patients with attention deficit hyperactivity disorder who have tried extended-release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results. <u>(Please provide details below)</u> 2.) <u>Medication trial:</u> <input type="checkbox"/> <u>Extended-release methylphenidate:</u> Please specify: _____ Outcome: _____ <input type="checkbox"/> <u>Dexamphetamine:</u> Please specify: _____ Outcome: _____ <input type="checkbox"/> <u>Mixed salts amphetamine:</u> Please specify: _____ Outcome: _____			
<u>Additional Comments (if applicable):</u> 			
PRESCRIBER NAME & ADDRESS: 			
_____ LICENCE #		_____ PRESCRIBER SIGNATURE	_____ DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
 P.O. Box 500, Halifax, NS B3J 2S1; Fax: (902) 496-4440